

REMEDIAL ACTION CERTIFICATION FORM

1. Certification of Remedial or Removal Action:

I hereby certify that the following information is true and correct to the best of my knowledge.

1. <u>Douglas Bautista</u>	<u>10/21/98</u>
Regional Project Manager	Date
2. <u>Shelia Lowe</u>	<u>10/21/98</u>
Regional Unit Chief	Date
3. <u>John E. Scardura</u>	<u>10/23/98</u>
Regional Branch Chief	Date

2. Certification Statement: Based upon the information which is currently and actually known to the Department.

X The Department has determined that all appropriate response actions have been completed, that all acceptable engineering practices were implemented and that no further removal/remedial action is necessary.

— The Department has determined, based upon a remedial investigation or site characterization that the site poses no significant threat to public health, welfare or the environment and therefore implementation of removal/remedial measures is not necessary.

— The Department has determined that all appropriate removal/remedial actions have been completed and that all acceptable engineering practices were implemented; however, the site requires ongoing operation and maintenance (O&M) and monitoring efforts. The site will be deleted from the "active" site list following (1) a trial operation and maintenance period and (2) execution of a formal written settlement between the Department and the responsible parties, if appropriate. However, the site will be placed on the Department's list of sites undergoing O&M to ensure proper monitoring of long-term clean-up efforts.

3. Site Name and Location: (Street address, County, City and zip code)

Installation Restoration Program Site 12

Naval Station San Diego
32nd Street
San Diego, California 92136

- A. List any other name that have been used to identify this site:

Brinser Street Parking Lot Area

- B. Address of site if different from above:

C. Assessor's Parcel Numbers: _____

4. Responsible Parties: (Use extra pages if necessary.)

Name: Captain V.E. Smith	Name: _____
Title: <u>Commanding Officer</u>	Title: _____
Firm: <u>Naval Station San Diego</u>	Firm: _____
Address: <u>BOX 368016</u>	Address: _____
<u>3455 Senn Road, Room 105</u>	_____
City: <u>San Diego</u>	City: _____
Zip: <u>CA 92136-5084</u>	Zip: _____
Telephone: () _____	Telephone: () _____

Relationship to site: such as generator, hauler, etc.

Current Landowner/Operator: NAVY

5. Brief Description and History of the Site:

Site 12 is in the western portion of the Station. near Pier Number 7. During 1942-43, the site was a part of a larger area used to construct floating dry docks and lighters in support of the war effort. A chain-link fence divides Site 12 into eastern and western portions. The western portion historically was a parking and staging area. The eastern portion serves as a shipping and receiving area for the Defense Distribution Depot Center (DDDC) warehouse, and it is asphalt-paved.

A removal action was conducted at the site in two locations between June 3, 1996 to July 31, 1996 where elevated concentrations of polycyclic aromatic hydrocarbons and metals have been detected. Approximately 2,828 cubic yards of PAH, and metals impacted soil were excavated at an average of 4 feet below ground surface to a maximum depth of nine feet below ground surface.

A baseline risk assessment conducted using confirmation samples from the removal action and, soil and groundwater data from an expanded site investigation conducted at the site showed that residual contaminants are either within background and/or acceptable health-based standard.

6. Type of Site: (Check appropriate response)

Include in Bond Expenditure plan?

Yes No ☒

RCRA-Permitted Facility ☒ Bond - Funded

RCRA Facility Closure RP - Funded

*NPL ☐

Federal Facility ☒

Other (i.e., walk-in): _____ Explain Briefly: _____

7. Size of Site: (Based on Expenditure Plan definition of size)

Small ☐ Medium ☐ Large ☐ Extra Large ☐

8. Dates of Remedial or Removal Action:

A. Initiated 6/3/96 B. Completed 7/31/96

*Per SARA, any NPL site that is not permanently cleaned must be scheduled for a follow-up visit after 5 years to verify that cleanup measures are still satisfactory.

9. Response Action Taken on Site: (check appropriate action)

☒ Removal Action

☐ Final Remedial Action

☐ RCRA enforcement/closure action

No action, further investigation verified that no cleanup action at site was needed.

A. Type of Remedial or Removal Action:

Excavation and off-site disposal

B. Estimated quantity of waste associated with the site (i.e., tons/gallons/cubic yards) which was:

1. Treated Amount: _____
2. ___ Untreated (capped sites) Amount: _____
3. X Removed Amount: 2,828 cubic yards

10. Cleanup Levels/Standards:

A. What were the cleanup standards established by DTSC pursuant to the final remedial action plan (RAP) or workplan (if cleanup occurred as the result of a removal action (RA) prior to development of a RAP)?

Established site background levels for metals and health based-standards derived through a baseline risk assessment for organics.

B. Were the specified cleanup standards met? Yes x No ___

C. If "no", why not: _____

11. DTSC Involvement in the Remedial or Removal Action:

A. Did the Department order the Remedial or Removal Action?
Yes ___ No x Date of order _____

B. Did the Department review and approve (the following plans/procedures?(indicate date of review/approval if done):

Sampling Analysis Procedures Date: 6/96

Health & Safety Protections Date: 6/96

Removal/Disposal Procedures Date: 6/96

Removal Action Plan Date: 6/96

C. If site was abated by a responsible party, did the Department receive a signed statement from a licensed professional on all phases of the Remedial Actions?

Remedial Action Plan Date: _____

Design & Construction Specifications Date: _____

Post Construction Date: _____

D. Did a registered engineer or geologist verify that acceptable engineering practices were implemented?

Yes ☒ No Name Robert J. Tait Date 2/8/98

E. Did the Department confirm completion of all Remedial Actions?

Yes ☒ No ☐ Date of verification _____
(i.e. manifest, sampling, demonstrated installation and operation of treatment)

F. Did the Department (directly or through a contractor) actually perform the Remedial Action?

Yes ☐ No ☒ Name of Contractor: _____

G. Was there a community relations plan in place?

Yes ☒ No ☐

H. Was a remedial action plan developed for this site?

Yes ☒ No ☐

I. Did DTSC hold a public meeting regarding the draft RAP?

Yes ☐ No ☒

J. Were public comments addressed?

Yes ☐ No ☐ Date of DTSC analysis and response: _____

K. Are all of the facts cited above adequately documented in the DTSC files? Yes ☒ No ☐

If no, identify areas where documentation is lacking _____

12. EPA Involvement in the Remedial or Removal Action:

A. Was the EPA involved in the site cleanup? Yes ☐ No ☒

B. If yes, did EPA concur with all remedial actions?

Yes ☐ No ☐

C. EPA comments _____

EPA staff involvement in cleanup: _____
(Name, Title)

(Address, Phone Number)

13. Other Regulatory Agency Involvement in the Cleanup Action:

Agency: Activity:

☒ RWQCB Document reviews/field oversight

ARB

CHP

Caltrans

Other

Name of contact persons and agency: Douglas Bautista, DTSC

14. Post-Closure Activities:

- A. Will there be post-closure activities at this site? (e.g. Operation and Maintenance) Yes ☐ No ☒

If yes, describe: _____

- B. Have post-closure plans been prepared and approved by the Department? Yes ☐ No ☐

- C. What is the estimated duration of post-closure (including operations and maintenance) activities? _____ Years.

- D. Are deed restrictions proposed or in place? Yes ☐ No ☒

If "yes" have deed restrictions been recorded with the County recorded? Yes ☐ No ☐ Date _____

If "no", who is responsible for assuring that the deed restrictions are recorded? _____

(Name/Phone Number)

- E. Has cost recovery been initiated? Yes ☐ No ☒

If yes, amount received \$ _____; _____% of DTSC costs.

- F. Were local planning agencies notified of the cleanup action? Yes ☒ No ☐ If yes, the name and address of agency:

City of San Diego Planning Department

National City Planning Department

15. Expenditure of Funds and Source:

(Information to be supplied by Toxic Accounting Unit.)

Funding Source and amount expended:

_____ HWCA \$ _____ HSA \$ _____

HSCF \$

RCRAS

RP \$

Other \$

Federal Cooperative Agreement \$

16. Additional Comments: _____

